



Specialty Independent Review Organization

Date notice sent to all parties: 12/21/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of 8 sessions of individual psychotherapy.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The reviewer is a Medical Doctor who is board certified in Psychiatry.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)
- ☒ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of 8 sessions of individual psychotherapy.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury to her head & neck regions on XX/XX/XX while working at XX.

Since then she has been evaluated/treated for PTSD, Major Depression and persistent head & neck pain with medications, radiologic evaluations, neuro-psychological testing, individual & group therapy, physical therapy, antidepressants, anxiolytics and analgesics with less than optimum response. The patient has not been able to return to her employment yet.

is now requesting another 8 additional sessions of Individual psychotherapy so the patient may be able to return to work in near future.

This review has been requested to determine the medical necessity of an additional 8 sessions of out-patient individual psychotherapy session for the patient.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The OMR/Neuro-Cognitive Rehabilitation Progress note dated XX/XX/XX suggests that the patient has a pain level @ 2/10; however, Irritable mood [Irritability/Restlessness @ 8/10, Frustration/Anger @ 8/10, Muscle tension @ 7/10, Nervousness/Worries @ 7/10, Sadness/Depression @ 7/10, Sleep problems @ 8/10 and Forgetfulness @ 8/10.

The above report suggests that the patient might have less residual physical pain (2/10) but her irritability/easy anxiety, anger, forgetfulness, persistent depression, & disrupted sleep may not allow her to provide safe & adequate clinical care to young children/adolescents who might have irrational & potentially explosive behaviors of their own- as of recent past.

Based on the above review, the patient does need any additional outpatient sessions of Behavioral Modification therapy at individual level so she can provide safe & adequate clinical care to young children/adolescents who might have irrational & potentially explosive behaviors.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☒ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
 - DSM 5 - American Psychiatric Association publication.
 - 2) Texas Administration Code for Psycho-social rehabilitation thru CPMP.
 - 3) Practice Guidelines for the treatment of Psychiatric Disorders – an APA publication.
 - 4) AMA guidelines to Evaluation of Impairment – 4th edition; published by American Medical Association(AMA) & approved for use by Texas department of Insurance & worker's compensation.
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**